



Serve Your Country. Serve Your Community. Serve DC!

Application for Reasonable Accommodation Funds

A “reasonable accommodation” refers to a:

- Modification or adjustment to a job application process that enables a qualified applicant with a disability to be considered for the position.
- Modification or adjustment to the work environment in which a position is customarily performed that enables a qualified individual with a disability to perform the essential functions of that position.
- Modification or adjustment that enables employees with disabilities in a particular organization to enjoy the same benefits and privileges as the organization’s non-disabled employees.

A. Background Information

Organization Name:

Program Name:

Address:

Telephone Number:

Program Director:

Site Supervisor:

Program is requesting funding as (check as appropriate)

☐ Government agency

☐ Educational institution

☐ Nonprofit organization

☐ Other _____

Double click on the appropriate box and then select “check” under default value.

Program receives funding as (check as appropriate)

☐ National Direct

☐ Education Award Only

☐ State

B. Status of Individual with Disability

☐ Applicant for AmeriCorps position

☐ Current AmeriCorps member

Primary service environment (check as appropriate)

☐ Office

☐ Outdoors

☐ Home

☐ Other _____

☐ School

C. Barriers Resolution

1. Please describe the primary service functions to be performed by the person with a disability. In addition, please attach the AmeriCorps Position Description.

2. Has the original service description been modified to outline the essential functions? Please explain.

3. Please describe any alternative funding options you have explored.



Serve Your Country. Serve Your Community. Serve DC!

Application for Reasonable Accommodation Funds

| | |
|---|---|
| 4. What role, if any, did the individual with a disability have in identification of barriers and possible solutions and the consideration of other accommodation options? | |
| D. Request for Funds | |
| 1. Identify the reasonable accommodation that is needed and describe how it will enable the individual to perform essential functions. | |
| 2. What is the cost of the reasonable accommodation? | |
| 3. Over what period of time will reasonable accommodations be required? | |
| Please indicate the total cost of the reasonable accommodation requested over a period of year. <input type="checkbox"/> Less than \$50 <input type="checkbox"/> \$50 to \$99 <input type="checkbox"/> \$100 to \$99 <input type="checkbox"/> \$500 to \$999 <input type="checkbox"/> \$1,000 or more | |
| Please itemize costs. | Please provide cost two cost estimates. |
| E. Cost Sharing (Cost sharing is the participation in an endeavor by one or more funding partners) | |
| 1. Has the program considered cost sharing? If so, please describe. | |
| 2. Will more than one person benefit from the reasonable accommodation(s) to be provided? If yes, please describe. | |
| 3. What measures will be used to determine if the reasonable accommodation(s) was/were effective for the individual with a disability? | |



Serve Your Country. Serve Your Community. Serve DC!

Application for Reasonable Accommodation Funds

This section is to be completed by the Serve DC's Training and Technical Assistance Manager and Disability Inclusion Advisory Committee.

| |
|---|
| Date application received by Training and Technical Assistance Manager: |
|---|

| Comments from Disability Inclusion Advisory Committee |
|---|
| Strengths of request: |
| Weaknesses of request: |
| Overall Comments: |

Results:

- ☐ Reasonable accommodation funds request approved
- ☐ Reasonable accommodation funds request denied